

9/1/00  
BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	810	75316	8/1/00
O.I.P.E. CLASSIFIER		8	8-1-00
FORMALITY REVIEW	C.Y.C.	JC 530	9-7-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
(Through numeral)... Canceled      A ..... Appeal  
- ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	02/05/00
2	02/25/00
3	02/27/00
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
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40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
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98	✓
99	✓
100	✓

Claim	Date
Final	Original
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
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139	✓
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142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)